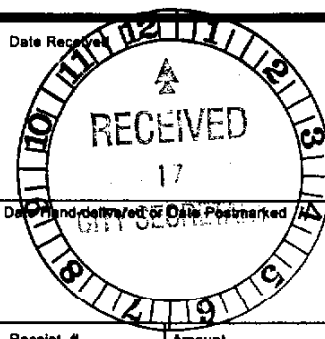


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Annise NICKNAME LAST Parker SUFFIX	OFFICE USE ONLY Date Received  Date Received or Date Postmarked Receipt # Amount	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 66513 Houston, TX 77266		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 960-1601		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Kathy NICKNAME LAST Hubbard SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2615 Montrose Blvd Houston, TX 77006		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 522-9000		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 30 / 05 12 / 31 / 05		
11 ELECTION	ELECTION DATE Month Day Year / / ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) City Controller	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Annise Parker

16 ACCOUNT # (Ethics Commission Use)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,337.58

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 12.00

4. TOTAL POLITICAL EXPENDITURES

\$ 4,702.91

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

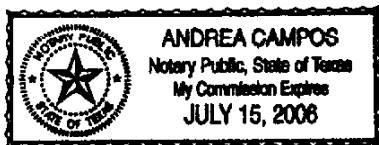
\$ 141,441.80

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Annise D. Parker
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Annise D. Parker, this the 17th day of January, 2006, to certify which, witness my hand and seal of office.

Andrea Campos
Signature of officer administering oath

Andrea Campos
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **3**

2 FILER NAME:

Annisie Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/1/2005

5 Full Name of Contributor:

Harris County Democrats☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$716.99**8 In kind contribution
description (if applicable):**Endorsement Mailing**

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77019

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/1/2005

5 Full Name of Contributor:

Reliant Energy, Inc. PAC (REPAC)☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77001-0148

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/2/2005

5 Full Name of Contributor:

Kirby J Frank☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Atlanta, GA 30324

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/2/2005

5 Full Name of Contributor:

Bryan Bogard☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$5.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Dallas, TX 75204

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/2/2005

5 Full Name of Contributor:

Edie Coffin☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Atlanta, GA 30306-3002

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **3**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/2/2005

5 Full Name of Contributor:

Ronald Kennedy☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Morristown, NJ 07960

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/2/2005

5 Full Name of Contributor:

Carroll S. Shaddock☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77002-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/22/2005

5 Full Name of Contributor:

J. P. Morgan Chase & Co. PAC☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], New York, NY 10017

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/28/2005

5 Full Name of Contributor:

AFSCME - National Office☒ out of state PAC (ID# **0001114**)7 Amount of
contribution (\$):**\$276.12**8 In kind contribution
description (if applicable):**Mailing Expenses**

6 Contributor Address: City, State, Zip Code

[REDACTED], Washington, DC 20036

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/28/2005

5 Full Name of Contributor:

Jeanette A. Rash☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$200.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77020-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **3**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/28/2005

5 Full Name of Contributor:

Melvin G Spinks PE☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Cypress, TX 77429

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/8/2005

5 Full Name of Contributor:

EMILY's List Federal Fund☒ out of state PAC (ID# **00193433**)7 Amount of
contribution (\$):**\$89.47**8 In kind contribution
description (if applicable):**Staff expenses**

6 Contributor Address: City, State, Zip Code

**[REDACTED] Washington,
DC 20036**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/31/2005

5 Full Name of Contributor:

PHCG Investments☐ out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$1,000.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77253-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

Schedule A1 Report Total:

\$4,337.58**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 1

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 11/2/2005	Payee Name American Express	Amount (\$)	
	Payee address City; State; Zip Code PO Box 360001 Fort Lauderdale FL 33336-0001	\$17.21	
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/2/2005	Payee Name Sprint	Amount (\$)	
	Payee address City; State; Zip Code P.O. Box 54677 Los Angeles CA 90054	\$93.28	
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/3/2005	Payee Name Merchant Bank Card	Amount (\$)	
	Payee address City; State; Zip Code 40960 California Oaks Road, Murrieta CA 92562 Suite 209	\$6.13	
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/3/2005	Payee Name Community Partnership for the American Dream	Amount (\$)	
	Payee address City; State; Zip Code P. O. Box 30046 Houston TX 77230	\$2,000.00	
Purpose of payment (See instructions regarding type of information required) GOTV Expenses		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 2

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 11/3/2005	Payee Name American Express	Amount (\$)
	Payee address PO Box 360001	City; State; Zip Code Fort Lauderdale FL 33336-0001
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/9/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address 1708 Broderick	City; State; Zip Code San Francisco CA 94115
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/9/2005	Payee Name Executive & Professional Association of Houston	Amount (\$)
	Payee address P. O. Box 130227	City; State; Zip Code Houston TX 77219
Purpose of payment (See instructions regarding type of information required) Sponsorship		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/9/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address 1708 Broderick	City; State; Zip Code San Francisco CA 94115
Purpose of payment (See instructions regarding type of information required) Reimb Delivery Fee		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 3

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 11/28/2005	Payee Name Sue Lovell Campaign				Amount (\$) \$1,000.00
	Payee address 2615 Waugh #222	City; Houston	State; TX	Zip Code 77066	
Purpose of payment (See instructions regarding type of information required) Contribution		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 12/7/2005	Payee Name Sprint				Amount (\$) \$142.81
	Payee address P.O. Box 54677	City; Los Angeles	State; CA	Zip Code 90054	
Purpose of payment (See instructions regarding type of information required) Telephone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 12/31/2005	Payee Name Annise Parker				Amount (\$) \$50.00
	Payee address 1111 Jackson	City; Houston	State; TX	Zip Code 77006	
Purpose of payment (See instructions regarding type of information required) Reimb Sponsorship Kingwood Area Dems Schd G 8-Day		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			
Date 12/31/2005	Payee Name Annise Parker				Amount (\$) \$96.21
	Payee address 1111 Jackson	City; Houston	State; TX	Zip Code 77006	
Purpose of payment (See instructions regarding type of information required) Reimb Breakfast Meeting Exp		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held			

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 4

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 12/31/2005	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$50.00
	1111 Jackson	Houston	TX	77006	
Purpose of payment (See instructions regarding type of information required) Reimb Sponsorship Old Acres Homes Cnl Schd G 8-Day			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 12/31/2005	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$70.00
	1111 Jackson	Houston	TX	77006	
Purpose of payment (See instructions regarding type of information required) Reimb Taxi Fares			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 12/31/2005	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$209.40
	1111 Jackson	Houston	TX	77006	
Purpose of payment (See instructions regarding type of information required) Reimb Travel Exp - Speech			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
Date 12/31/2005	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$508.64
	1111 Jackson	Houston	TX	77006	
Purpose of payment (See instructions regarding type of information required) Reimb Travel Exp - Seattle Conference			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 5

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Schedule F Report Total:

\$4,960.91

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 2

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 11/3/2005	Payee Name Southwest Airlines Payee address _____ City; _____ State; _____ Zip Code _____ Dallas TX 75235 Purpose of payment (See instructions regarding type of information required) Conference	Amount (\$) \$209.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/9/2005	Payee Name Yellow Cab Company Payee address _____ City; _____ State; _____ Zip Code _____ Houston TX 77009 Purpose of payment (See instructions regarding type of information required) Taxis	Amount (\$) \$70.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/13/2005	Payee Name La Mexicana Payee address _____ City; _____ State; _____ Zip Code _____ Houston TX 77006 Purpose of payment (See instructions regarding type of information required) Breakfast Meeting	Amount (\$) \$96.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/16/2005	Payee Name Sheraton Seattle Payee address _____ City; _____ State; _____ Zip Code _____ Seattle WA 98101 Purpose of payment (See instructions regarding type of information required) Elected Officials Conference	Amount (\$) \$508.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 2

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 11/16/2005	Payee Name Seattle Taxi STITA Taxi	Amount (\$) \$38.00
	Payee address [REDACTED] City: Setac State: WA Zip Code 98188	
	Purpose of payment (See instructions regarding type of information required) Taxis	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/20/2005	Payee Name Yellow Cab	Amount (\$) \$38.00
	Payee address [REDACTED] City: Seattle State: WA Zip Code 98134	
	Purpose of payment (See instructions regarding type of information required) Taxis	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/19/2005	Payee Name Home Depot	Amount (\$) \$102.73
	Payee address [REDACTED] City: Houston State: TX Zip Code 77081	
	Purpose of payment (See instructions regarding type of information required) Staff Gifts	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Schedule G Report Total: **\$1,062.98**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street)

1625 L Street, N.W.

(Check if address
is changed)

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ▶

C 00011114

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Lucy

Signature of Treasurer



Date

04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN046.PDF

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) This committee is a

(National, State
or subordinate) committee of the(Democratic,
Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Riggs National Bank

Mailing Address

1800 M Street, N.W.

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address

1825 K Street, N.W.

Washington,

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲



FEC FORM 1

STATEMENT OF ORGANIZATION

FILING FEC-168915

1. EMILY's List

1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036

2. Date: 03/29/2005

3. FEC Committee ID #: C00193433

This committee supports/opposes more than one Federal candidat

Affiliated Committees/Organizations

Custodian of Records:

Caroline Fines
1120 Connecticut Ave NW
Suite 1100
Washington, DC 20036
Title: Dr of Finance & Comp
Phone # (202) 326-1400

Treasurer:

Britt Cocanour
1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036
Title: Treasurer
Phone # (202) 326-1400

Designated Agent(s):

Caroline C. Fines
1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036
Title: Assistant Treasurer
Phone # (202) 326-1400

Banks or Depositories

Signed: Britt Cocanour
Date Signed: 03/29/2005
Official Committee URL: www.emilyslist.org

(End FEC FORM 1)



Generated Tue Oct 11 01:15:40 2005